

212186
A8010-3

Nursing & HEALTH CARE

VOLUME 7, NUMBER 2

FEBRUARY 1986

12/99 PMS 90-11063
EDWARD KIANKA EDITOR 3DG
ACQUISITIONAL REFERENCE INDEX
STATISTICAL INFO SERVICE
CONGRESSIONAL INFO SERVICE
4520 EM HIGHWAY SUITE 800
WASHINGTON DC 20014



Official Publication of the National League for Nursing

Nursing & HEALTH & CARE

VOLUME 7, NUMBER 2

FEBRUARY 1986

CONTENTS

Features



78

Rural Health Clinic

The authors surmounted formidable obstacles to set up a rural health clinic that's meeting their clients' needs.

*Sister Sally Griffin
Sister Dorothy Peterson
H. Terri Brower*



96

AD Education

As the number of associate degree nurses grows, the author looks at the important roles they play.

Elizabeth K. Waydowicz

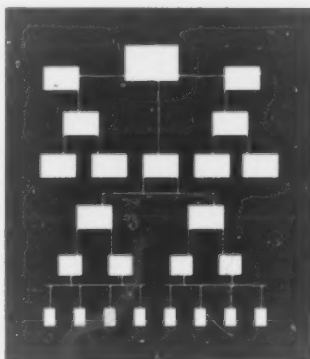


84

Students as Ombudsmen

This unique clinical practicum is helping RN baccalaureate students learn to be leaders.

Susan E. Gordon

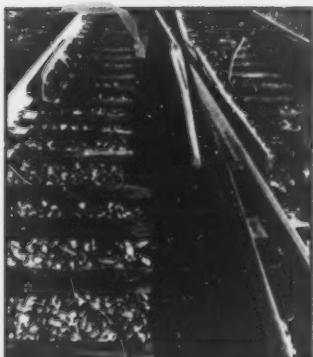


100

Organization Design

The author considers the organization design task as it relates to the quality assurance function.

Ruth Barney Fine



90

Tracking Down the Right Degree

A look at whether the nursing job market demands advanced degrees for leadership positions.

*Priscilla A. Butts
Barbara Agress Berger
Dorothy A. Brooten*

Cover Story

Competing in a Shifting Marketplace



To lend a hand to nurses who want to bring about changes in the health care system, author Sandra R. Edwardson analyzes why competitive forces are working in the area of maternity services. **Page 72.**

Departments

- | | |
|---------------------|----------------------------|
| 59 Guest Editorial | 105 Accredited PN Programs |
| 61 NLN Perspective | |
| 68 News | 109 NLN Calendar |
| 70 Washington Focus | 111 Classified |

Photographs on cover and page 72 courtesy of the Chicago Board Options Exchange

NURSING & HEALTH CARE offers diverse views on subjects of interest to readers. Articles represent the opinions of individual contributing authors and are not necessarily those of the National League for Nursing.

Tracking Down the Right Degree for the Job

Do nurses need bachelor's, master's, or doctoral degrees to do their jobs well, to keep those jobs, or to advance their careers? The Institute of Medicine's (IOM) report on nursing and nursing education partially answered these questions, which the American public, physicians, and nurses themselves often ask [1]. When they examined the need for nurses in the future, the IOM committee concluded that a wide range of problems could only be alleviated by substantially increasing the supply of nurses with advanced degrees. The group noted that today's complex health care settings demand managers who are skilled not only in nursing but also in decision making and in resource management. They had found a widespread conviction among administrators of hospitals and long-term care facilities that nurse administrators could make care delivery more

**PRISCILLA A. BUTTS
BARBARA A. BERGER
DOROTHY A. BROOTEN**

cost effective if they had better grounding in financial management and in the human resource management required at all levels of nursing administration — from head nurse positions through nursing service administration.

The committee also said that the competencies of nurses who provide bedside care depend to a large extent on the capabilities of their teachers, who must, within a short period of time, help students acquire the theoretical knowledge and clinical experiences needed to become competent professionals. The group noted that many nurse educators are inadequately prepared to accomplish this goal. They cited comparisons between the academic preparation of nursing faculty and that of faculty in other disciplines to support their argument. They also said that, although well-qualified generalist nurses can deliver care effectively, increasingly complex care presents problems that require the specialized knowledge and experience of nurses with advanced degrees.

Although this report, as well as oth-

ers before it, pointed out a need for advanced educational preparation for nurses, many nurses still question whether such a need has created requirements to fulfill it [2-4]. Does the nursing job market demand advanced educational preparation for leadership positions in nursing service and in nursing education? Have the educational requirements for these positions changed over the past 10 years? To answer these questions, we analyzed the classified advertisements of each issue of seven journals in 1972, 1977, and 1982, looking for changes in required educational degrees for positions in educational administration in nursing, faculty positions, and a variety of leadership positions in nursing service.

Methods

The journals we surveyed were the *American Journal of Nursing*; *Nursing Outlook*; *RN*; *Nursing '72*, '77, and '82; *The Journal of Nursing Administration*; the 1977 and 1982 issues of *Nurse Educator*, since the journal was not in publication in 1972; and *Supervisor Nurse*, which later became the *Journal of Nursing Management*. We selected these journals because they had a large circulation or were distributed to a large population of either nurse administrators or nurse educators.

Priscilla A. Butts, MSN, RN, is a lecturer at the University of Pennsylvania School of Nursing in Philadelphia and a PhD candidate at New York University in New York City. Barbara A. Berger, MSN, RN, is perinatal nursing education coordinator with the Philadelphia Pediatric Pulmonary Center and perinatal clinical nurse specialist with the Family Center Program at Thomas Jefferson University of Philadelphia. Dorothy A. Brooten, PhD, RN, is chair of the Health Care of Women and the Childbearing Family Section and program director of the Graduate Perinatal Program in the School of Nursing at the University of Pennsylvania.

Table 1. Educational Requirements for Positions in Educational Administration, 1972, 1977, 1982

	Total N	Doctorate Required	Doctorate Preferred	MSN Required
Dean				
1972	19	47%	53%	
1977	69	83	14	3%
1982	24	67	29	4
Associate or Assistant Dean (Graduate)				
1972	10	20%	80%	
1977	40	93	7	
1982	18	67	33	
Associate or Assistant Dean (Undergraduate)				
1972	8	25%	50%	25%
1977	87	74	24	2
1982	11	45	55	
Department Chair or Head				
1972	28	29%	46%	25%
1977	124	62	30	8
1982	56	71	18	11

We analyzed the classified advertisements of each issue of the seven journals, but we did not include either advertisements that did not mention degree requirements, or house ads, which are general ads for a particular hospital or agency and do not focus on specific positions.

The positions we analyzed in nursing education administration included: dean; assistant or associate dean for graduate studies; assistant or associate dean for undergraduate studies; and department chair or department head, which included both heads or chairs of departments of nursing as well as heads or chairs of clinical specialty programs. Faculty positions included faculty of graduate and undergraduate programs.

We categorized positions in nursing service into director of nursing; assistant or associate director of nursing; clinical director; supervisor; head nurse; clinical specialist; inservice educator; and consultant. Initially, we also included assistant head nurse and staff nurse, but the number of classified ad-

vertisements that described required degrees for those positions were negligible and did not warrant inclusion.

Findings

From 1972 to 1982, demand for advanced degrees increased for advertised positions in educational administration in nursing, for nursing faculty positions, and for most positions in nursing service.

Education Administration

From 1972 to 1982, the advertisements showed a clear shift from preference for a doctorate to a required doctorate for positions in educational administration. Surprisingly, a greater percentage of ads that required a doctorate for positions as deans and assistant and associate deans for both graduate and undergraduate programs appeared in 1977 than in 1982 (see Table 1). The 1982 figures may reflect market realities, since, by then, the numbers of both master's and doctoral

programs in nursing had increased, creating competition for the limited pool of people prepared at the doctoral level to teach in such programs.

Our analysis showed that the market has generally demanded more than a master's degree for a dean position. While the percentage of ads that indicated a preference for a doctorate decreased from 53 percent in 1972 to 29 percent in 1982, the ads that listed doctorates as required increased from 47 to 67 percent.

Ads for assistant and associate deanships indicated that a greater percentage of graduate programs than undergraduate programs required a doctorate in 1982. In 1972, the greatest percentage of ads for assistant or associate deanships at the graduate level indicated a preference for the doctorate; 10 years later, the greater percentage required a doctorate. In contrast, the highest percentage of ads for assistant or associate deans for undergraduate programs indicated preferences for doctorates both in 1972 and in 1982. This finding may have reflected the small number of advertisements for undergraduate deanships — only 11 — or possibly a marketplace phenomenon in which deanships at the graduate level were better able to attract doctorally prepared individuals than are deanships at the undergraduate level.

Degree requirements for positions as department chairs or heads also changed markedly from 1972 to 1982. In 1972, a master's degree was a viable credential; in 1982, it remained so for a limited number of positions. The shift toward requiring a doctorate was most dramatic. In 1982, the greatest percentage of ads that called for doctoral degrees for positions in educational administration were in this category.

The journals we surveyed showed a decrease from 1972 to 1982 in the demand for master's degrees for positions in educational administration. And, although there was an increase in the number of ads that indicated required doctorates, there were fewer that read "doctorate preferred" for most educational administration positions. An exception to this trend was a 5 percent increase in preferred doctorates for positions as assistant or associate deans in undergraduate nursing programs. Although we found a greater percentage of ads that required doctorates in

three of the four categories in 1977, that may have represented unrealistic market expectations given the growing number of graduate and baccalaureate programs being established during that period.

For example, in 1976, there were 15 doctoral programs in nursing. Five universities had nurse-scientist training programs that offered doctorates to nurses in such areas as anthropology, physiology, and sociology.

Since 1976, doctoral education in nursing has become increasingly available. New programs have been developed, and the programs that existed in 1976 have increased their enrollments. It may now be more realistic to require higher educational standards for both faculty and administrators of nursing schools. If the trend found in these job requirements continues, nurses will need a doctoral degree to qualify for positions in educational administration.

Faculty Positions

Between 1972 and 1982, the number of programs that required advanced degrees for faculty positions increased. Although the change was most dramatic for faculty positions in associate degree and diploma programs, faculty positions requirements for graduate and baccalaureate nursing programs shifted as well.

The requirements listed for graduate faculty positions showed a trend toward preferring doctoral degrees. However, in 1972, 60 percent of the ads for graduate faculty called for doctorates, and in 1982, only 36 percent did. This may suggest that the growing number of graduate programs were unable to draw the number of doctorally prepared faculty they needed.

The ads for baccalaureate faculty positions also showed that programs increasingly either preferred or required a doctorate, rather than only a master's degree. In 1972, 93 percent of the ads for these positions indicated that master's degrees were preferred or required. By 1982, only 38 percent of the ads called for master's degrees, but preference for doctoral degrees increased from 6 percent in 1972 to 56 percent in 1982.

Associate degree programs clearly shifted from preferring that faculty members have master's degrees to re-

	Total N	Doctorate Required	Doctorate Preferred	MSN Required	MSN Preferred	BSN Required	BSN Preferred
Graduate Faculty							
1972	30	60%	13%	23%	3%		
1977	306	32	58	10			
1982	192	36	58	5			
BSN Faculty							
1972	365	1%	6%	89%	4%		
1977	855	3%	29	65	3		
1982	454	6%	56	37	1		
ADN Faculty							
1972	242		2%	38%	59%	1%	
1977	277		1	69	28	2	
1982	149	1%	3	68	27	1	
Diploma Faculty							
1972	207			17%	59%	21%	2%
1977	120			38	60	1	1
1982	20			65	30	5	

quiring those degrees. In 1972, 59 percent, in 1977, 28 percent, and, in 1982, 27 percent of the ads indicated preference. The number of ads that indicated required master's degrees increased from 38 percent in 1972 to 69 percent in 1977 and 68 percent in 1982. Although the ads for faculty positions in AD programs showed that preference for doctorates changed little from 1972 to 1982, in 1982, 1 percent listed doctorates as required.

The ads for positions in diploma nursing programs also reflected a change from preferring to requiring master's degrees. In 1972, only 17 percent of the ads indicated that the programs required master's degrees. In 1977, 38 percent of the ads called for those degrees, and, in 1982, 65 percent. This trend was similar to the one we discovered in AD programs. In 1977, the majority of AD program ads listed master's degrees as required; the overwhelming majority of diploma programs did not indicate that requirement until 1982.

Nursing Service Positions

Although a master's degree was listed as required in the largest percentage of ads for directors of nursing from 1972 through 1982, there was a slow but steady increase in advanced degree requirements for this position. In 1972, 25 percent of the ads indicated either preferences or requirements for BSNs; the percentage decreased to 8 in 1982. Preferences for master's degrees increased during the same period. Although none of the 1972 ads indicated that doctorates were preferred or required, 3 percent in 1977 and 7 percent in 1982 did. We saw a similar trend in the requirements for assistant or associate directors of nursing.

The 1972 ads for assistant or associate director positions showed that 25 percent of the programs preferred or required BSN degrees. That percentage dropped to 6 in 1982. Although the number of ads that listed master's degrees as preferred increased only slightly, in 1972, 37 percent listed

master's degrees as required, and 50 percent listed that requirement in 1982. None of the 1972 or 1977 ads listed doctorates as preferred or required, but, by 1982, 8 percent did.

We found that the requirements for advanced degrees for such positions as clinical directors also increased slightly between 1972 and 1982. Preferences or requirements for BSNs decreased, while preferences or requirements for master's degrees went up. However, the number of ads that indicated required master's degrees decreased from 53 percent in 1972 to 36 percent in 1982, which may have reflected the condition of the marketplace. In 1977, the ads began to show preferences for doctorates, and, in 1982, 3 percent were from employers who required doctoral degrees for the position.

A small percentage of the ads from 1972 and 1982 indicated that supervisor applicants did not have to have BSNs. Requirements for BSNs increased slightly, and preferences for those degrees decreased dramatically. Forty-seven percent of the 1972 ads and 52 percent of the 1982 ads were placed by employers who either required or preferred master's degrees. "Doctorate preferred" appeared in 2 percent of the ads for supervisor positions in 1982.

In 1972, 29 percent of the advertised positions for head nurses required less than a bachelor's degree. This percentage had decreased to 12 percent in 1982. The ads that listed bachelor's degrees as required increased, as did those that indicated preferences or requirements for master's degrees. None of the ads from 1972 through 1982 indicated either preference or requirements for doctorates.

Despite the fact that the American Nurses' Association has said that clinical specialists must have master's degrees, in 1982, 18 percent of the ads we read indicated a preference for those degrees [5]. The number of ads that required candidates to have master's degrees increased slightly over the 10 year period.

Requirements for advanced degrees for positions in inservice education changed only slightly from 1972 to 1982. The number of ads that indicated a preference for a BSN decreased, while those that listed master's as preferred increased only slightly.

Table 3. Educational Requirements for Nursing Services Positions, 1972, 1977, 1982

	Total	Doctorate Required	Doctorate Preferred	MSN Required	MSN Preferred	BSN Required	BSN Preferred	Less Than BSN
Director of Nursing								
1972	320			46%	28%	16%	8%	2%
1977	395	1%	2%	43	30	14	8	2
1982	164	3	4	46	35	5	3	3
Assistant Director of Nursing								
1972	172			37%	33%	23%	2%	5%
1977	259			45	32	13	10	
1982	127	2%	6%	50	35	2	4	
Clinical Director								
1972	15			53%	20%	20%	7%	
1977	10		20%	30	30	0	20	
1982	39	3%		36	49	8	5	
Supervisor								
1972	173			23%	24%	22%	25%	6%
1977	273			27	29	20	20	4
1982	103		2%	24	28	29	9	8
Head Nurse								
1972	33			3%	3%	14%	51%	29%
1977	73			16	11	33	35	5
1982	64			3	16	36	33	12
Clinical Specialist								
1972	38			71%	29%			
1977	145			85	12	2%	1%	
1982	192			82	18			
Inservice Educator								
1972	93		3%	23%	27%	24%	23%	1%
1977	61			62	23	13	2	0
1982	34			26	29	24	15	6
Consultant								
1972	35			49%	31%	14%	3%	3%
1977	14			93	7			
1982	6			83	17			

In 1972, 80 percent of the ads for consultants listed master's degrees as required or preferred, but 20 percent required only a bachelor's degree or less. Since then, master's degrees have clearly been the standard for this position — 83 percent of the 1982 ads called for master's degrees.

Discussion

If the trends evident in the ads we reviewed continue, master's degrees alone will be less viable credentials to qualify for faculty positions in both graduate and baccalaureate programs, and possibly in an increasing number of associate degree faculty positions. This trend is consistent with the movement of nursing education into college and university settings that increasingly require nursing faculty to have the same academic qualifications as faculty members in other disciplines. Programs that prepare nursing faculty at the master's level should be cognizant of this trend.

Contrary to the trend found in other educational programs, none of the ads from diploma schools of nursing listed doctorates as required or preferred. Whether this finding reflects market realities or values different from those of other nursing programs is not clear.

In general, since 1972, employers have been requiring more advanced degrees for directors of nursing, assistant or associate directors of nursing, head nurses, clinical specialists, and consultants. Advanced educational requirements have increased more slowly for clinical directors, supervisors, and, particularly, inservice educators. This finding is consistent with historic education trends in inservice settings. And a 1977 survey by the American Hospital Association to determine a profile of the nation's nurse executives in nursing service indicated that most were educated at the diploma level, with no advanced degrees [6].

In 1983, the National Commission on Nursing called for nurse executives and managers who are qualified by education and experience [7]. Both the commission and the Institute of Medicine committee recognized the pivotal role of nurses in these changing times and recommended that they be educated to provide leadership.

We are not sure why the trend toward more advanced degrees has been slow

to have an effect on positions in nursing service administration. Looking at the situation simplistically, we might assume that those in power in hospitals do not want or see the need for nursing service administrators with advanced degrees. We might also ask whether nurses with advanced educations find nursing service administration an at-

*In 1982, we found ads
for positions as
directors of nursing,
assistant and associate
directors of nursing,
and clinical directors
that listed*

*doctorates as required.
None of the ads
for those positions
from 10 years ago listed
required doctorates.*

tractive career choice. Of course, educational requirements in nursing service have always moved more slowly than those in academic settings. This situation is the same in nursing as it is in other professions. For example, a banker generally has fewer academic credentials than does a teacher of finance and economics.

The number of ads for positions in nursing service that required less than a bachelor's degree decreased in three categories — assistant director of nursing, head nurse, and consultant. However, ads that required less than a bachelor's degree slightly increased in three other categories — director of nursing, supervisor, and inservice educator.

Ads for head nurse positions increasingly called for candidates to have bachelor's degrees. At the same time, ads that listed MSNs as preferred increased from 3 percent in 1972 to 16 percent in 1982. We wonder if some nurses who were educated as clinical specialists have taken positions as head nurses. When the role of clinical spe-

cialist was first described in 1969, it was called a staff position [8]. Within the past decade, more people have advocated an administrative as well as clinical role for clinical specialists [9,10].

Preferences for master's degrees increased for most nursing service positions. They did not increase for clinical specialists and for consultants because, since 1972, most individuals in those positions have had master's degrees.

Preferences for doctorates increased for directors of nursing, assistant and associate directors of nursing, and supervisors. In 1982, we found ads for positions as directors of nursing, assistant and associate directors of nursing, and clinical directors that listed doctorates as required. None of the ads for those positions from 10 years ago listed required doctorates. Also, 10 years ago, the American Nurses' Association did not offer a certification examination in advanced nursing administration, which requires at least a master's degree for eligibility.

The nurse service marketplace shows an increasing demand for master's degrees and a beginning demand for doctorates. If these trends continue, nurses interested in moving up in nursing service settings will do well to obtain at least master's degrees.

References

1. Institute of Medicine, *Nursing and Nursing Education: Public Policies and Private Actions*, Washington: National Academy Press, 1983.
2. Brown, E.L., *Nursing for the Future*, New York: Russel Sage Foundation, 1948.
3. The Committee on the Function of Nursing, *A Program for the Nursing Profession*, New York: The Macmillan Company, 1948.
4. American Nurses' Association, *Educational preparation for nurse practitioners and assistants to nursing: A Position Paper*, New York: The Association, 1965.
5. Editorial, Views vary widely on nurse specialist, *American Journal of Nursing*, 69:42, 1969.
6. American Hospital Association, *Profile of Nursing Service Administrators, 1977 Survey of Nursing Administrators*, Chicago: American Hospital Association, 1980.
7. American Hospital Association, et al., *Summary report and recommendations*, Chicago: The Hospital Research and Educational Trust, 1983.
8. See note 5, above.
9. Butts, P., The clinical specialist vs. the clinical supervisor, *Supervisor Nurse*, April 1974.
10. Wallace, M. and Carey, L., The Clinical Specialist as Manager: Myth versus realities, *The Journal of Nursing Administration*, June, 1983.

Nursing HEALTH CARE

VOLUME 7, NUMBER 3

MARCH 1986

Titling and Licensure

12/99 PMS 90-11063
EDWARD KIANKA EDITOR
ACQUISITIONS REFERENCE INDEX
STATISTICAL REFERENCE SERVICE
CONGRESSIONAL INFO SERVICE
4520 EW HIGHWAY SUITE 800
WASHINGTON DC 20014

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
BOARD OF NURSING
HAS LICENSED

JUNE 1986
1701 NILES STREET
BOSTON 02114

AND REGISTERED PROF. NURSE
MR31143
JUNE 1986
DIRECTOR